



STATE OF MAINE
MAINE REVENUE SERVICES
24 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0024

ADMINISTRATIVE & FINANCIAL
SERVICE

REBECCA M. WYKE
COMMISSIONER

John Elias Baldacci
GOVERNOR

JEROME D. GERARD
ACTING EXECUTIVE DIRECTOR

**APPLICATION FOR SALE/USE TAX EXEMPTION CERTIFICATE
FOR AN INCORPORATED NONPROFIT DENTAL HEALTH CENTER**

Name of Corporation _____
Name of Dental Health Center _____
Physical Location _____
Mailing Address _____

The statute reads, "incorporated nonprofit dental health centers,"

Is the dental health center incorporated? Yes ___ No ___

Send a copy of the articles of incorporation!

Has the dental health center received 501(c) nonprofit status from the IRS? Yes ___ No ___

Send a copy of the IRS determination letter indicating 501(c) nonprofit status

IN ORDER TO PROCESS THE APPLICATION THE FOLLOWING MUST BE INCLUDED

1. Copy of the Articles of Incorporation, as well as a copy of the Constitution and/or By-law
2. Copy of the IRS determination letter indicating 501(c) nonprofit status
3. Please forward any publications issued by your organization which would provide details regarding purpose, mission and/or services offered, if applicable

I hereby certify that _____ is an incorporated nonprofit dental health center. I therefore request that a sales/use tax exemption certificate be issued to the above organization pursuant to Title 36 MRSA 1760 (16).

Date: _____

Signature: _____

Tel: _____

Print Name: _____

Fed ID: _____

Title: _____

Date Facility Opened: _____

ST-R-37

